



Challenge TB - Indonesia

**Year 1
Monitoring Report
October 2014 - March 2015**

Submission date: April 30, 2015

Challenge TB Year 1 Quarterly Report

Country: Indonesia (3 months workplan)

Reporting period: October 2014 - March 2015

Lead partner: KNCV

Other partners: WHO, FHI360, MSH, ATS

Most Significant Achievements:

SO 1. Enabling Environment

Pilot implementation of National technical guideline for TB care in the National Health Insurance System

CTB supported the NTP in preparations and pilot implementation of the National technical guideline for TB care in the National Health Insurance System (JKN) in selected health facilities in 3 provinces (Lampung, DKI, East Java). This pilot implementation aimed to assess the practical overview and get final results before the guideline was published and disseminated. Challenge TB provided technical assistance in several meetings held by the NTP in collaboration with KPMK -UGM for finalization of the guideline after the pilot implementation was completed in January 2015. Currently, the guideline is ready to be printed and disseminated, and will be implemented nationwide. CTB will provide technical assistance to roll out the TB - JKN technical implementation guidelines in CTB areas, and development of the M&E tools.

SO 2. Comprehensive, high quality diagnostics.

a. External Technical Consultant visit, Richard Lumb from Adelaide Supranational TB Reference Laboratory, SA Pathology Adelaide, South Australia

There were two TA visits by Richard Lumb, on 03 to 26 November 2014 and 23 February 2015 to 11 March 2015. Supervision was conducted in 5 laboratories: NRL Microbiology UI, RS Depati Hamzah, RS Cilacap, NRL BBLK Surabaya, and BKPM Ambon. During the visits Richard Lumb also reviewed the progress of the 3 NRLs, monitored progress of 4 TB Laboratory renovations under the Global Fund, and provided inputs to the development of the TB National Strategic Plan (NSP) 2015-2019, Challenge TB workplan, GF Concept Note, DRS plan, and National Plan for the Laboratory network for 2015-2019.

b. One new lab (BBLK Palembang) has passed and been certified for DST in Q2, which brings the number of certified DST labs in Indonesia to a total of 9 labs. This could be achieved due to strong effort and high commitment from BBLK Palembang's management, lab staff, BPPM/NTP and the continuous technical assistance provided by NRL BBLK Surabaya, SRL SA Pathology and TB CARE I/CTB.

c. Training of media LJ for culture and DST preparation was conducted on 17-20 March 2015 at NRL BBLK Surabaya. This training is important for the expansion of the C/DST lab network. This training was conducted by BBLK Surabaya (NRL C/DST) with support and TA from CTB. As a result, 13 lab technicians (2 male, 11 female) from 11 labs have been trained to have adequate skills and knowledge to prepare high quality LJ media according to national standards. The 11 labs are RS Adam Malik Medan, BLK Banjarmasin, BP-4 Lubuk Alung, BLK Aceh, BBLK Jakarta, RS Sardjito Yogyakarta, Mikrobiologi UGM, RS Saiful Anwar, BKPM Ambon, RSP Goenawan Bogor, and BBLK Surabaya.

SO 3. Patient-centered care and treatment

a. PMDT

- During these 2 quarters (Oct 14 – Mar 15) CTB has assisted the NTP on service expansion of PMDT through the establishment of referral and sub-referral hospitals. In CTB assisted areas, CTB supported the establishment of 1 sub-referral hospital in East Java. Nationwide, up to December 2014, there were 28 referral PMDT sites in 26 province, 10 sub-referral hospitals in 7 provinces, and 734 PMDT satellites in 24 provinces. The expansion of PMDT facilities and number of Xpert machines installed has significantly contributed to the increasing number of screened TB-patients, from 1,606 in Q1 2014 to 3,031 in Q1 2015 (Graph 1b). However, enrollment rate of confirmed cases for 2014 for SLD treatment is still low (69%; Graph 1a - see photo album). One of the interventions in CTB to address the low enrollment rate is to empower patient groups to provide psycho social support once patients are confirmed MDR TB.

In 2014 a total of 1,288 confirmed cases were put on treatment, which reached only 72% of the national target to put 1,800 patients for SLD treatment.

In the period of Oct'14 to Mar'15, 194 of 722 (31%) patients were put on SLD treatment within 7 days after being confirmed, while 206 of 722 (33%) started their treatment within 8-14 days after being confirmed. At the national level, the initial defaults have decreased in the last three quarters, to 24% (113/466) in Jul-Sept 2014, 18% (95/510) in Oct-Dec 2014 and 11% (47/413) in Jan-Mar 2015.

- Psycho social support provided by patient groups has contributed to prevent patient loss to follow up. During October 2014 to March 2015, patient groups in 6 PMDT sites provided support to 96 MDR-TB patients through home visits and hospital visits. 66 out of 96 patients were absent from treatment mostly due to the side effect of the drugs. As a result of peer support, 46 of those patients returned and continued MDR-TB treatment.

b. TB HIV

-CTB provided support and TA in the finalization of Effective Communication Modules inserting Motiv8 skills for PMDT Health Care Worker Training and the modules have been tested and are ready for use in the PMDT training at National level.

-Evaluation of IPT implementation in 12 ART hospitals in 3 provinces (North Sumatera, East Java and West Java) has been conducted by Provincial Health Office and CTB. As a result , 7542 PLHIV were screened for TB, 1057 PLHIV found eligible for IPT, 555 PLHIV received IPT and 57 PLHIV completed IPT. The PHO and DHO in West and East Java are ready to expand to other hospitals.

SO 4. Targeted screening for active TB

a. TB-Diabetes Mellitus

- Challenge TB has supported bi-directional TB-DM screening which has been conducted in North Sumatera, South Sulawesi, and Central Java. The initial results showed a variable range among the 3 pilot sites, which will be discussed in April 2015 as part of the pilot evaluation process. Besides that, this pilot implementation received good acceptance from the hospitals. In one of the pilot hospitals, RS Adam Malik in North Sumatera, the management would like to adopt the pilot SOPs and continue implementation of bi-directional TB-DM screening after the pilot is completed. The hospital will allocate funding for TB-DM screening from the national insurance INA-CBG scheme they receive for every eligible patient. The results of pilot implementation will be documented and translated into recommendations for a TB-DM collaborative program in Indonesia. This TB-DM program should be integrated with comprehensive approaches for all patients at all levels of care. For this reason, TB and DM sub-directorates under the Ministry of Health have been gradually strengthening collaboration among themselves and other national stakeholders including BPJS Kesehatan (NHI provider), BUK (health service directorate), professional societies, and others.

- A chapter of TB -DM was inserted in the National Guideline for DM Medical Service, and will be proposed for the National Guideline for TB Medical Service revision in 2016.

-Planning and timeline for the 2015 TB-DM collaborative program activities were also developed and agreed upon by national stakeholders; this includes a national consensus for clinical management of TB-DM, development of TB-DM guidance in referral facilities, and the launching of TB-DM documents/material during the UNION-WDF Global TB-DM Symposium in Bali, Indonesia, November 2015.

SO 7. Political commitment and leadership

World TB Day Indonesia

- Voice of Indonesia MDR-TB patients from PETA at the US Institute of Peace, Washington DC.

Ully Ulwiyah, survivor of MDR-TB who is also Chairwomen of the PETA (Strong Survivor) * organization recently shared her story at USAID's World TB Day event, "Reach, Cure, Prevent," at the US Institute of Peace, Washington DC on March 24th. In her final statement, she expressed her thanks to her family and fellow PETA members for their support, and the Ministry of Health for its collaboration with USAID on MDR-TB treatment.

*(*PETA was established in 2011 as a small patient group supported by KNCV through TB CARE I - USAID as a peer educator group for MDR-TB patients. PETA has 15 members consisting of ex/ converted MDR-TB patients who are willing to serve and have good communication skills).*

-Challenge TB facilitated a blogger workshop for extensive TB promotion in the blogger community. Forty bloggers participated in this workshop. The TB blogger community was established during the workshop with the expectation that they will convey TB awareness to the community. Besides that, a hashtag #sahabatJKN #lawanTB was created and twittered by more than 2000 tweets, and 42 writings about TB were posted on Blog and Facebook sites. Furthermore, 6 bloggers have presented a poem to emphasize public awareness about TB stigma at the National TB Symposium, which was attended by the Indonesian Minister of Health.

- World TB Day commemoration was conducted on 24 March 2015 at the palace of the Vice President of Indonesia, H.M Jusuf Kalla. During this event, the National TB Strategic Plan 2015-2019 was officially launched. Vice President Kala emphasized that TB awareness should be promoted nationwide, and all local governments should provide continuous support to the TB control program.

- The National TB Symposium was conducted on 28 March 2015 in Jakarta with almost 1200 participants. Challenge TB participated in providing an exhibition booth with main activities including: photo session, dissemination of TB materials, and a TB knowledge survey. A total of 335 participants signed up at the CTB booth and 192 participated in the TB knowledge survey. After this event, the Challenge TB Facebook fanpage showed that the people engaged increased by 261%, new likes increased 6 times from the previous week, and total number of weekly visits to the Challenge TB facebook page as of 1 April grew to 1279 (before it was only 379).

SO 8. Comprehensive partnerships and informed community involvement

a. 5 year strategy plan and 1 year activity plan for Challenge TB Indonesia has been finalized in March 2015.

A series of consultation meetings / workshops were undertaken at the national and provincial level involving the NTP, USAID, technical partners and other stakeholders in Indonesia in January and February 2015 to discuss CTB, priority intervention and geographical areas and to define clear roles and responsibilities for each of the coalition partners to utilize their strengths, maximize synergies and avoid duplication. The result is the CTB 5 Year Strategic Plan (2014-2019) and 1st Year Work plan April-September 2015.

b. GF Concept Note development .

During this period, CTB provided technical assistance and support to the NTP and NAP to develop a TB/HIV joint Concept Note for the GF New Funding Model. UGM was contracted to lead the writing team for TB and TB/HIV modules in collaboration with external consultants Kathy Fiekert, David Collins, Paul Nunn and Holger Sawert. The Concept Note was submitted on 20 April 2015.

c. The results of the National TB Prevalence survey were available in early December 2014 and triggered several serious discussions in country due to the higher estimation of TB burdens in Indonesia revealed by the survey compared to the previous estimated number used by the National TB Program. However, the Ministry of Health has officially announced the results during the National TB Monev meeting in Bandung, February 2015.

d. The final costed National TB Strategic plan 2015-2019 is available, featuring the new strategies, approaches, and targets of the National TB control program for the next five years. The NSP was developed as a direct response to the 2013 National TB Prevalence survey, the new global END-TB strategy, the new Mid-term Development Plan (RPJMN-III) and new MOH Strategic plan. The development of the TB-HIV joint concept note for the GF grant proposal also refers to this NSP. TB CARE I/ CTB Partners were heavily engaged in the process, including the mobilization of an array of external consultants for specific parts of the NSP.

e. CTB partners provided support to the development and finalization of the TB-HIV in Prison National Action Plan 2015-2019 and TB-HIV National Action Plan 2015-2019.

SO. 10. Quality data, surveillance and M&E

a. Data input forms for Pharmacovigilance have been made available on e-TB Manager software. This function captures the history of medical records, MDR drug regimens, side effect, etc. In general this function still needs to be improved, especially on data processing and evaluation. In addition, the early bridging system between ETB and SITT has been developed and piloted since March 2015.

b. A cohort Event Monitoring PV Guideline Meeting was conducted on 9-10 March at BBLK Jakarta, with attendees from the TB subdirectorate, WHO, BPOM, UI and UGM University, PMDT Hospitals. KNCV as lead of Challenge TB developed the CEM PV guideline for bedaquiline in Indonesia; this draft had to be disseminated to all stakeholders for input and correction, especially from BPOM as a lead of PV implementation in Indonesia. The meeting results were : stakeholders have the same vision of bedaquiline implementation; the draft CEM PV guideline has been reviewed by all stakeholders and the corrections that should be made included the risk management material, PV form, recording and reporting RR, etc; the finalization of the PV guideline should be established before May; a training schedule and scheme were agreed upon.

Technical and Administrative Challenges:

1. Heavy involvement of CTB staffs in development of National TB Strategic Plan and GF concept note contributed to a delay in the implementation of CTB planned activities in October 2014 - March 2015.
2. Staff shortages during transition from TB CARE I to Challenge TB.

Challenge TB Quarterly Report - Success Story

Country:	Indonesia (3 months workplan)	Reporting period:	October 2014 - March 2015
Lead partner:	KNCV	Other partners:	WHO, FHI360, MSH, ATS
Planned Success Story Idea for Year 1			

1. Implementation of algorithms and tools for Bi- Directional Screening of TB and Diabetes Mellitus, pilot implementation in Adam Malik Hospital.

From November 2014 to January 2015, a pilot implementation of algorithms and tools for bi-directional screening of TB and DM was conducted at 3 hospitals in 3 provinces, North Sumatera, Central Java and South Sulawesi. One of the interesting findings of the pilot implementation was that clinicians from each hospital were enthusiastic to implement TB-DM bidirectional screening; for some it has become a regular individual practice as well as being encouraged by the professional societies. They welcomed the initiative for TB-DM national policy to enable more systematic case finding and management. Furthermore, RS H. Adam Malik in North Sumatera acknowledges the importance of this approach and has adopted the pilot SOPs to continue implementation after pilot completion. The hospital is allocating funding for TB-DM screening from the national insurance INA-CBG scheme they receive for every eligible patient. Results of this piloting will be documented and translated into recommendations for the TB-DM collaborative program in Indonesia. The program should integrate comprehensive approaches for all patients at all levels of care. For this reason, the TB and DM sub-directorates under the Ministry of Health have been gradually strengthening collaboration among themselves and other national stakeholders, including BPJS Kesehatan (NHI provider), BUK (health service directorate), professional societies, and others.

2. Microtraining for PMDT satellites to empower district resources

Microtraining has been conducted in East Java, with the participation of 38 districts / municipalities. This training was conducted to build the self-reliance of districts / municipalities with regard to both technical and human resources. This will speed up the decentralization process, because on-site training for PMDT satellites could be conducted by the DHO and resources at district level instead of awaiting facilitators from the province/ CTB TO. This approach will open PMDT access closer to patients, by providing satellite care in Public Health Centers nearest to patient homes. Since October 2011, care for 191 MDR-TB patients has been handed over to satellite facilities.

3. Patient empowerment to support other MDR-TB patients.

PETA (Pejuang Tanggung "Strong survivor,")—a group of former TB-MDR patients who are willing to share their own experience and give motivation and inspiration to patients during the treatment—was established in 2011, supported by KNCV through TB CARE I / USAID. PETA has 15 members consisting of ex/ converted MDR-TB patients who are willing to serve and have good communication skills.

Treatment of Multi-Drug Resistant Tuberculosis (MDR-TB) is associated with a lot of side effects which can be dangerous; patients may experience nausea, vomiting, diarrhea, psychosis, anxiety, depression, or suicidal ideation. Thus, many patients give up before they finish the treatment. Peer support is an effective approach to keep patients motivated to finish their treatment.

The success story falls under which sub-objective?

- Number 1. falls under SO 4. Targeted screening for active TB
Number 2. falls under SO 3 Patient-centered care and treatment
Number 3. falls under SO 3 Patient- centered care and treatment

The success story falls under which intervention area?

- Number 1. falls under 4.1. Contact investigation implemented and monitored
Number 2. falls under 3.2 Access to quality treatment and care ensured for TB, DR TB, and TB HIV, for all risks groups from all care providers
Number 3. falls under 3.2 Access to quality treatment and care ensured for TB, DR TB, and TB HIV, for all risks groups from all care providers

Status update of the success story

Ongoing.

Challenge TB Quarterly Report - Status of activities

6patients with cul Indonesia (3 months workpl: Reporting period: October 2014 - March 2015
Lead partner: KNCV Other partners: WHO, FHI360, MSH, ATS

Sub-objective: 1. Enabling

Intervention areas	Planned Key Activities	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
1.1. Provision of services according to national guidelines for all care providers and risk groups	Develop PPM operational guideline for TB CARE I areas, based on PPM National Action Plan (RAN) and National Referral System 2012, supporting implementation of the PPM model in 35 districts supported by TB CARE I.	1.1.1	1. Provide Technical Assistance in 150 hospitals in CTB areas 2. Conduct 4 PPM Monev meeting in East Java Province	1. Provide Technical Assistance in 150 hospitals in CTB areas . 2. Conduct 14 PPM Monev meeting (6 Districts in Central Java , 5 districts in East Java, 3 districts in West Sumatera) 3. Finalization of PPM Operational Guideline	1. During October 2014 to March 2015, CTB has provided technical assistance in 154 hospitals in CTB areas to maintainance quality DOTS services in Hospital. 2. 2 hospitals formally established Clinical Pathways (CP) and Clinical Practice Guideline (PPK) in East Java province. 3. 17 PPM monitoring and evaluation meetings (6 districts in Central Java, 9 districts in East Java, 2 districts in West Sumatera) have been conducted. In general, the meeting discuss challenges during PPM implementation and follow up action. 4. Operational Guideline (OG) PPM 2015 meeting was held on 19-20 March 2015, to revise OG PPM 2014 based on the dynamic changing on the TB care such as the implementation National Health Insurance (NHI/ JKN), Buku Pedoman Nasional Penanggulangan TB 2014 and lesson learnt from TB CARE I. In line with NHI's implementation, TB care is divided into primary level health care (Fasilitas Kesehatan Tingkat Pertama/FKTP) for TB without complication and secondary level referral health care (Fasilitas Kesehatan Rujukan tingkat Lanjutan/FKTRL) for TB with complication. In addition to OG PPM 2014, the revised OG elaborated PPM implementation in the NHI's era, PPM implementation at sub-district level and documentation of the lesson learnt in PPM implementation at district level . 5. Challenge TB has provided technical assistance in several meetings held by KPMK -UGM for finalization of National technical guideline for TB care in the National Health Insurance System after pilot implementation. Currently, the guideline is ready to be printed and disseminated, and will be implemented nationwide.	Partially	PPM Operational Guideline Finalization will be continue to next quarter.
	TB CARE I PPM, PMDT, TB HIV, and Laboratory technical coordination, monitoring and evaluation at provincial level	1.1.2	1. Conduct monthly internal coordination meeting in provincial level (10 provinces) 2. Conduct local TA and integrated supervision in National and provincial level.	1. Conduct monthly internal coordination meeting in provincial level (10 provinces) 2. Conduct local TA and integrated supervision in National and provincial level.	1. Internal Monthly coordination meeting has been conducted in provincial level to oversee the status of implementation in each quarter, achievements, challenges during activities and planning for the next month or quarter. 2. To support implementation of National TB Program in National and Provincial Level, CTB provide Technical Assistance (as facilitator, mentor or resource person) to several activities which invited by NTP or PHO. The activities as follow: * National PMDT Monitoring and Evaluation Meeting in Jakarta * Workshop for PMDT training module and curriculum revision in Jakarta * Workshop Planning and Mapping TB-HIV program in Jakarta * Technical working group PMDT meeting to assist Bedaquiline implementation in Jakarta * PMDT Training, 1st batch in Bandung * PMDT Workshop in RSUD Kanudjoso Djatiwibowi , Balikpapan	Met	
	Engagement of private providers	1.1.3	-Provide TA for private providers in CTB areas -Operational support for PDPI PPM project	-Provide TA for private providers in CTB areas -Operational support PDPI PPM project, participation in the central M&E of PDPI PPM project, and development of PDPI project documents	-DKI Jakarta: TB reporting and recording on the job training for 32 private practitioners has conducted in 4 municipality. IDI, DHO and PHO also involved in these training.. After the training, 12 private practitioners has reporting TB cases. -West Sumatera : 5 DPM in Bukit Tinggi District has signed commitment paper for implementation DOTS through PPM activity. Kota Padang still on progress. -West Java: DOTS On the job training for 100 private practitioners (DPM) has conducted in 4 districts. IDI, DHO and PHO also involved in these training. One important result was agreement document between DPM and DHO to built referral mechanism and TB case notification reporting . -Operational support for PDPI PPM project is met. The central M&E of the PDPI PPM project is postponed until beginning of Year 2, due to changes in travel of ATS personnel. On the PDPI PPM project documents, the technical guidance for project coordinator and SPSS data analysis document for TB Administrators are complete, and the project profile will be completed by end of June	Partially	-Data for private providers contribution still on progress -The central M&E of the PDPI PPM project is postponed until beginning of Year 2, due to changes in travel of ATS personnel

Sub-objective: 2. Comprehensive, high quality diagnostics

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			

Challenge TB Quarterly Report - Status of activities

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Sub-objective: 1. Enabling

Intervention areas	Planned Key Activities	Activity number	Planned Milestones		Milestone status	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
2.3. Access to quality culture/DST ensured	TA (local) to strengthen sputum microscopy, culture/DST services	2.3.1	Microscopy: providing 6 times TA - Supervision visit to Bengkulu and Maluku Utara - Assessment visit to NTB and Jawa Timur - 2 batches IRL training at NRL BLK Bandung	Culture/DST: providing 4 times TA - Supervision visit to Papua and Samarinda Kalimantan Timur. - Assessment visit to BKPM Ambon - 1 batch media LJ preparation training at NRL BBLK Surabaya	Microscopy: 1. Supervision visit with NTP and BPPM has been conducted to 2 provinces (Bengkulu and North Maluku). The key findings in Bengkulu was no IRL, the EQA coverage < 60 %, lab microscopy with good performance < 50%. In North Maluku, the findings were a candidate of IRL (Labkesda Ternate) was not yet meet requirement as IRL. In addition, training for the lab technicians is required and utilization of LQAS method for EQA should be improved. The EQA in North Maluku only coverage 18%, and lab with good performance <50%. The feedback of EQA was delivered during money meeting. 2. Assessment visit to 4 candidates of Intermediate Refence Labs (IRL) has been conducted in 2 provinces (NTB and East Java). In East Java, the assessment result shown that Labkesda Lumajang has met IRL requirement, but other Lab, Labkesda Kab. Bondowoso should made improvement for their facilities and microscopies. Recommendations for Labkesda Lombok Timur and Labkesda Lombok Barat in NTB province were to fill in the requirement for human resources and facility for IRL standard. 3. CTB provided TA for Intermediate Reference Lab training for lab technician which conducted at NRL Bandung. This training was conducted into 2 batches. First batch conducted in October 2014, attended by 14 trainees from 5 provinces. And second batch in December 2014, attended by 11 trainees from 3 provinces. This training aimed to improve the skill and capacity as IRL technician, to have an adequate knowledge and skill to perform their roles. Culture/DST: 1. Supervision visit has been conducted to 2 C/DST Labs at 2 provinces, Papua and Samarinda on February and March 2015. As a result, the team observed inadequate number of lab technician conducting C/DST at BLK Papua, lack of resources to conduct BSL 2 plus lab maintenance, severe budget cutbacks (≈ 50% reduction) from local budget which caused difficulties for purchasing PPE and duck eggs for C/DST. At BLK Samarinda, the renovation of BSL 2 plus lab was completed, number of trained staffs to conduct culture/DST are adequate. BLK Samarinda has stopped doing culture examination since 2013 due to unsafe infrastructure and equipments and will start culture examination soon once main equipments are available. 2. Assessment visit to Ambon in regards to TB Lab renovation in BKPM Ambon on 4-6 March 2015. The assesment team found that World Bio Haztec Technology (WBHT) has developed an excellent draft design/layout, the interior structure can be changed but not applied to external walls, amount of space was reasonable, open plan laboratory structure has been created, workflow was good, and	Met	
	International TA by Supranational Reference Lab, IMVS/SA Pathology, Adelaide	2.3.2	1st International TA by Supranational Reference Lab in November 2014	1st International TA by Supranational Reference Lab in February 2015	Two times external technical assistance visits from SRL, Richard Lumb, has been conducted on 03-26 November 2014 and 23 February 2015. Supervision were conducted to 5 laboratories: NRL Microbiology UI, RS Depati Hamzah, RS Cilacap, NRL BBLK Surabaya, and BKPM Ambon. During the visit Richard Lumb also reviewing progress of the 3 NRLs, monitoring progress of the TB Laboratory renovation under Global Fund, development of National Strategic Plan (NSP) 2015-2019, Challenge	Met	

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Sub-objective: 1. Enabling

Intervention areas	Planned Key Activities	Activity number	Planned Milestones		Milestone status	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
	TA to support NRLs	2.3.3	Microscopy: - Please see section 2.3. Access to quality culture/DST ensured at microscopy part Culture/DST: - TA to NRL BBLK Surabaya to develop training module for culture/DST on solid media, technical guidance for culture/DST, finalization of implementation guideline for certification of culture/DST Xpert: TA to NRL Microbiology UI to review result of assessment from 8 sites	Microscopy: N/A Culture/DST: N/A Xpert: TA to NRL Microbiology UI for development of GeneXpert guideline, technical guidance and SOPs	Microscopy: - Please see section 2.3. Access to quality culture/DST ensured at microscopy part Culture/DST: - TA to NRL BBLK Surabaya for development of training module for culture/DST on solid media on 14-16 October 2014. Result: draft of training module for culture/DST - TA to NRL BBLK Surabaya for development of technical guidance for culture/DST on 20-22 October 2014. Result: Result: draft of technical guidance for culture/DST. - TA to NRL BBLK Surabaya to finalize training module for culture/DST on solid media on 1-3 December 2014. Result: Training module is finalized. - TA to NRL BBLK Surabaya to finalize the implementation guideline for certification of culture/DST Lab on 4-5 December 2015. Result: implementation guideline for certification of culture/DST Lab is finalized. Xpert: - TA to NRL Microbiology UI to review result of assessment from 8 sites on 6 November 2014: RS Kariadi Semarang, RS Moewardi Solo, RS Persahabatan Jakarta, BLK Prov Jawa Barat, RS Hasan Sadikin Bandung, RS Paru Goenawan Cisarua, RS Soetomo Surabaya, and RS Adam Malik, Medan Result: Status implementation of GeneXpert at 8 sites and recommendation to improve performance. - In general, lab technicians are performing GeneXpert test properly. - Many of the issues relate to communication between laboratory and clinician/HCW, and these can be resolved during the visit - Expansion of networks across Puskesmas and public/private hospitals to identify more patients for testing - Advocate to clinicians/HCW regarding the updating of guidelines to include paediatric and extrapulmonary TB, and to remind about HIV patient is a primary target for testing - Underutilization of GeneXpert machine still a challenge need to be addressed. - TA for development of GeneXpert guideline 20-23 January 2015. Result: draft of GeneXpert guideline.	Met	
2.4. Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations	GeneXpert calibration and maintenance	2.4.1	N/A	GeneXpert calibration at 17: BBLK Surabaya, RS Saiful Anwar, BLK Bandung, RS Achmad Mochtar, RS Depati Hamzah, RS Undata Palu, RS Bahtera Mas, RS Kandou, RSUD Prov NTB, RSUD Sulbar, Microbiology UGM, RS	GeneXpert calibration has been done for 6 GeneXpert sites, in 5 provinces, on October 2014. The results were 2 Xpert machines (Micro UI and Arifin Achmad hospital) was successfull calibrated, and 4 Xpert machines (RS Persahabatan, Mikro UI, Hasan Sadikin, Moewardi and Soetomo) were needed for recalibration and replacing the module (if its required). Another 19 sites are going to be calibrated in Q3: BBLK Surabaya, RS Saiful Anwar, BLK Bandung, RS Achmad Mochtar, RS Depati Hamzah, RS Undata Palu, RS Bahtera Mas, RS Kandou, RSUD Prov NTB, RSUD Sulbar, Microbiology UGM, RS Adam Malik, RS Labuang Baji, HUMRC Makassar, RS Sanglah, RS Pengayoman, RS Kariadi, RS Cilacap, BLK Jayapura.	Partially	GeneXpert calibration in Q2 was postpone to Q3 due to change in calibration cartridge as informed by Cepheid. Therefore PO to Local service Provider (PT Fajar Mas Murni) was hold to ensure we procure the latest/right calibration kit/cartridge
	Local TA for GeneXpert rollout	2.4.2	GeneXpert supervision visit to 16 sites to review technical conduct testing, their linkage to a culture/drug susceptibility testing laboratory, and linkages to PMDT and HIV clinics with regard to suspect referral and patient management: RS Kariadi, RS Moewardi, Microbiology UGM, RS Persahabatan, RS Pengayoman, BLK	N/A	1. 16 GeneXpert sites has been supervised to review technical conduct testing, eXpert sites linkage to a culture/drug susceptibility testing laboratory, and PMDT and HIV clinics with regard to suspect referral and patient management. The sites were; RS Kariadi, RS Moewardi, Microbiology UGM, RS Persahabatan, RS Pengayoman, BLK Bandung, RS Hasan Sadikin Bandung, RSP Gunawan Bogor, RS Soetomo, RSUD Cilacap, RS Adam Malik Medan, RS Embung Fatimah, RS Labuang Baji, HUMRC Makassar, RS Arifin Achmad, RSUD Depati Hamzah. The team found that generally lab technicians were performing GeneXpert test properly, there was some issues related to communication between laboratory and clinician/HCW but it was has ben solved during the visit. The team also recommended to expand a networks across Puskesmas and public/private hospitals to identify more patients for testing, to advocate to clinicians/HCW regarding the updating of guidelines to include paediatric and extrapulmonary TB, and to remind about HIV patient is a primary target for testing, and to improve utilization of GeneXpert machine. 2. GeneXpert on site training in RS M Jamil Padang was conducted on 12-14 March 2015. 14 participants (M=4, F=10) consisted of PHO, Clinicians, lab technicians and researchers. GeneXpert machine in this hospital is a part of PEER Health Project, a collaboration between Andalas University and Harvard Medical School, USA. During on site training, the results obtained were participants understand policy of MoH in GeneXpert implementation and head of researcher completely agree to	Met	

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Sub-objective: 1. Enabling

Intervention areas	Planned Key Activities	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
2.7. Bio-safety measures in laboratories ensured	Support maintenance, repairing and recalibration of BSC's	2.7.1	N/A	Recalibration 15 BSCs in 8 Labs (Persahabatan hospital, BLK Bandung, Microbiology	15 BSCs at 8 labs: RS Persahabatan Jakarta, BLK Bandung, RS Rotinsulu, BLK Semarang, Microbiology UGM Yogyakarta, RS Adam Malik Medan, BBLK Palembang and BLK Jayapura) will be calibrated in May.	Partially	Tender for vendor selection is progress and will be completed by early of April 2015.

Sub-objective: 3. Patient-centered care and treatment

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
3.1. Ensured intensified case finding for all risk groups by all care providers	Strengthen MDR TB case finding by establishing and improving referral system between PMDT centers and all health facilities/prisons	3.1.1	Strengthening external linkage for prisons and PMDT referral hospital in CTB areas	Supporting MDR TB Diagnosis & Treatment for inmates in 8 provinces	1. PMDT for prison refreshing workshop attended by : 4 prisons and 1 parole office in North Sumatera, 7 prisons and 2 parole offices in DKI Jakarta. 2. PMDT for prison guideline dissemination workshop attended by : 3 prisons and 2 parole office in West Sumatera, 7 prisons and 2 parole offices in DI Yogyakarta, 5 prisons and 1 parole office in South Sulawesi. (3) Access to Xpert/MTB Rif at Pengayoman Hospital remained available only for PLHIV inmates presumptive TB. (4) PMDT OJT for Lapas Makasar in RS Labuang Baji; 3. Joint TB-HIV supervision to 2 prisons in East Java, 3 prisons in West Java and 6 prisons in DKI Jakarta. Support consumables for TB laboratory in 41 prisons/DCs. Supported and facilitated TB-HIV RAN for prison 2015-2019 development meeting. Supported MoLHR for TB-HIV proposal for GF concept note. Regular TA for TB-HIV to 23 prisons/DCs. 4. Besi prison officially appointed as TB-HIV comprehensive clinic in Nusa Kambangan prisons	Partially	Due to CTB planning process in Q2, limited TA provided to prisons/DCs.
	Reduce initial and treatment default of MDR TB patients through improved MDR TB counseling	3.1.2	Provide psycho social support for MDR-TB patients through home visits and hospital visits in CTB areas	Provide psycho social support for MDR-TB patients through home visits and hospital visits in CTB areas	1.86 MDR-TB patients has been provided psycho social support through home visit and hospital visit activities by patient groups 68 % (66/96) patients received counselling due to absent from treatment, most of the reasons were caused by side effect of drug. After counselling, 69% (46/66) patients motivated and continue their treatment. 2. The initial defaults are decrease in the last three quarters, 24% (113/466) at Jul-Sept 2014, 18%	Met	
	TA to improve TB-HIV collaborative activities	3.1.3	Provide TA for TB-HIV collaborative activities at National, SUFA districts in 10 Provinces	Provide TA for TB-HIV collaborative activities at National, SUFA districts in 10 Provinces	1. Technical assistance was provided for bi-directional screening and service mapping at district level through SUFA workshop at 15 districts (Deli Serdang District, Tegal District, Tegal City, Malang district, Merauke District, Jayapura city, Mimika district, Depok city, Bekasi district, Bandung district, Bogor city, East, North, South and Central Jakarta). Support TB-HIV TWG development in Central Jakarta. 2. PITC on the job training to 204 TB staff : 48 TB staff (Female 38, Male 10) from 6 hospitals, 12 PHCs, 2 BP4 and DHO staff in Yogyakarta city, 27 TB staff from 9 PHCs and 1 hospital in Deli Serdang district, 18 TB staff from 5 PHCs and 1 hospital in Labuhan Batu district, 36 TB staff from 20 PHCs and 16 hospitals in DKI Jakarta, 75 TB staff from West Java. (3) Joint TB-HIV supervision and TA to 16 PHCs and 6 hospital in Papua, 2 hospitals and 1 BKPM in Central Java, 43 hospitals and 2 PHCs in East Java, 13 PHCs, 4 hospitals, 1 clinic in West Papua); 3. Technical Assistance was provided to evaluate SUFA Workshop Batch 2 and prepare SUFA expansion batch 3, in coordination with National AIDS Program. 4. Technical assistance was provided to 12 PHCs in North Sumatera, 9 PHCs and 2 hospitals in DKI Jakarta, 2 Hospitals in East Java, 3 hospitals and 1 BKPM in Central Java, 18 PHCs, 11 hospitals and 1 clinic in Papua, 2 PHCs and 1 hospital in West Papua	Met	

Challenge TB Quarterly Report - Status of activities

6patients with cul Indonesia (3 months workpl: Reporting period: October 2014 - March 2015
Lead partner: KNCV Other partners: WHO, FHI360, MSH, ATS

Sub-objective: 1. Enabling

Intervention areas	Planned Key Activities	Activity number	Planned Milestones		Milestone status	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
	LTBI among PLHIV - Provide TA to new IPT sites and conduct evaluation to all IPT sites (new and piloted)		Monitoring and Evaluation IPT in 4 piloting sites at National level (1 time) and Monitoring and Evaluation IPT in 3 provinces (1 time)	IPT set up at 3 provinces & evaluation at 7 provinces	- IPT evaluation has been conducted in 12 ART hospitals in 3 provinces, North Sumatera, West Java and East Java. - IPT mentoring to 4 ART hospitals in Papua. IPT clinical mentoring for IPT implementation in RS MM Bogor, RSUD Gunung Jati, RSUD Bekasi (West Java), RSCM (DKI Jakarta), RS Persahabatan (DKI Jakarta), RSUD Gunung Jati (West Java). In West Java and East Java, PHO and DHO ready to expand to other hospitals.	Partially	IPT evaluation in DKI Jakarta was postponed due to the IPT implementation not conducted yet. Besides that in other 3 provinces (Central Java, South Sulawesi & Papua) the IPT evaluation has been postponed due unavailability time of PHO but then the IPT evaluation has been inserted in TB-HIV Money meeting
	Comprehensive integrated approach to improving care for patients with MDR-TB and their families			1) Initiate process to establish programmatic contact investigation via stakeholders meeting (CI) and conduct follow-up visits of intensified case finding project.	- Stakeholder meeting to plan CI and follow up of ICF project is done. - Generic SOP for enhanced cohort review is in progress and planned to be complete by end of May.	Partially	- Generic SOP for enhanced cohort review is in progress and planned to be complete by end of May.
3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers	Evaluation of PCA to measure patient satisfaction of TB services through Patient Centered	3.2.1	N/A	Provide TA for implementation of PCA at small scale in 3 provinces is conducted by NTP using funding from GF as planned	Implementation of PCA was postponed to next quarter by NTP	Not Met	NTP has rescheduled the activity due to the timeplan for preparation and coordination taking longer than expected.
	TA for establishment of PMDT CoE and support on capacity building for PMDT at central, provincial, district and facilities level	3.2.2	Provide Technical Assistance in PMDT sites in CTB areas	Provide Technical Assistance in PMDT sites in CTB areas	1. CTB provided TA to 110 PMDT satellites, 4 sub referral and 4 referral sites within October 2014-March 2015. This TA intended to 2 objectives: a. To support PMDT satellites during hand over of TB patients from referral or sub referral sites. b. To ensure the management of programmatic drug resistance in those facilities implemented as National program standard. Within this 2 quarter, 1 hospital, RS Soedono in East Java has started as sub referral for PMDT 2. Microtraining conducted in East Java , participated by 38 districts / municipalities. This training was conducted to build self-reliance of districts / municipalities in regard with both technical and human resources. This would speed up the decentralization process, because on site training for	Met	
	Technical support to strengthen PMDT supervision and monitoring system at district and provincial level	3.2.3	a. Conduct supervision/ money to monitor PMDT implementation in CTB areas. b. Provide technical supports for finalization of revised PMDT guideline, including new chapter and check list of supervision	a. Conduct supervision/ money to monitor PMDT implementation in CTB areas b.The new guidelines of PMDT disseminated to province, district and PMDT sites.	1. CTB has conducted PMDT monitoring and evaluation meeting in East Java province attendees by around 50 participants, including 38 DHO. In this meeting some update of PMDT situation in East Java since 2009 has been raised, i.e there are 2 referral hospital, 2 sub referral hospitals and 37 district / city has satellite facilities. Regarding to MDR TB cases in 2014, MDR TB cases still below on the target (206 cases of 331). After this meeting, action plan has been documented to address the challenge on PMDT Implementation in east Java 2. The checklist for effective PMDT supervisions to PMDT treatment centers and satellites are available and integrated in the revised PMDT guideline. The guideline has been disseminated during National TB Money meeting in Bandung and National PMDT Money meeting at Jakarta (February and March 2015)	Met	

Challenge TB Quarterly Report - Status of activities

6patients with cul Indonesia (3 months workpl: Reporting period: October 2014 - March 2015
Lead partner: KNCV Other partners: WHO, FHI360, MSH, ATS

Sub-objective: 1. Enabling

Intervention areas	Planned Key Activities	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
	Establishment of quarterly clinical -, and cohort review at treatment , sub-treatment centers at provincial level	3.2.4	-Conduct cohort review in 6 PMDT referral hospitals in CTB provinces -Guide RS Soetomo MDR TB team in conducting MDR TB cohort reviews and mentor the in-country team to build capacity for regional scale up of cohort reviews to other provinces	Conduct cohort review in 6 PMDT referral hospitals in CTB provinces	CTB facilitated cohort review in 6 PMDT referral hospitals in 5 provinces in CTB areas. In general the percentage of default within 1st of 6 month and default within 7-12 months were still not meet the target (<10%, range 21-44%). The rate of patients with culture conversion within 1st six month was meet the target (more than 80%), but not in RS Labuang Baji (58%). In the last day of cohort review meeting, finding on the gaps are presented, and based on that action plan also identified including person in charge. Establishment of regional capacity for the enhanced cohort review process, initiation of mentorship for in-country capacity to continue national expansion of enhanced cohort review, and enhanced cohort review at an E. Java PMDT site (Dr. Soetomo Hospital).	Met	
	Capacity building for peer educator to support MDR TB patients	3.2.5	-EPT Training 1 batch - PETA officially registered by MoLHR as incorporated foundation - Conduct monthly patient group meeting in 3 provinces (DKI, East Java a, South Sulawesi)	-Module Adaptation to IEC PMDT Module -Conduct monthly patient group meeting in 3 provinces (DKI, East Java a, South Sulawesi)	- EPT Training conducted in West Java, 20 MDR TB patients/ex-patients (12 male, 8 female) being trained as EPT for PMDT Communication . - PMDT IEC module with Motiv8 insertion finalized and tested, will be used in the next PMDT training - Monthly patient group meeting has been conducted in 3 provinces (DKI, East Java a, South Sulawesi). Through this meeting, peer educator also shared their experience, being informed how to give psycho social support to MDR-TB patients. - Through continuesly facilitation from CTB, in November 2014, PETA (Strong Survivor) Organization, has officially registered by Ministry of Law and Human Rights as an incorporated	Met	

Sub-objective: 4. Targeted

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
4.1. Contact investigation implemented and monitored	Development of protocol for systematic screening and intensified case finding in high risk groups	4.1.1	Implementation of TB-DM bidirectional screening were done in 2 provinces (North Sumatera and South Sulawesi), based on protocol developed in the national level for referral facility. Challenge TB provided TA for SOP development in hospital level, as well as funding for Chest Xray and Spot Blood	Implementation of TB-DM bidirectional screening in 1 province (Central Java), and evaluation meeting for 2 provinces (North Sumatera and South Sulawesi).	Implementation in 3 provinces were completed. Evaluation were done in 2 provinces, involving NTP and DM & Metabolic Disease National Program, staffs from implementing hospital, local health offices, clinician experts, and CTB staffs. Result from screenings were documented, and issues in implementation were identified as well as recommendation for further TB-DM collaborative program in Indonesia. The variation of result among hospitals will be discussed further in national level evaluation meeting (Q3 APA1). Meeting with national level stakeholders were done to define goals and plan for CI strategy in Indonesia. Specific populations prioritized for CI activities are DR-TB patients, children, PLHIV, and TB in prison. First draft of guideline were developed for CI activities, and will be finalized in Q3 2015 including specific details for prioritized populations. Plan and timeline for year 2015 activities were agreed upon by national level stakeholders. CTB will support implementation through TA for CSOs empowering and small-scale implementation in selected CTB areas. Model for implementation has been roughly designed for district level, involving	Met	

Sub-objective: 5. Infection

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			

Challenge TB Quarterly Report - Status of activities

6patients with cul Indonesia (3 months workpl: Reporting period: October 2014 - March 2015
Lead partner: KNCV Other partners: WHO, FHI360, MSH, ATS

Sub-objective: 1. Enabling

Intervention areas	Planned Key Activities	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
5.2. TB surveillance among HCW ensured	Incorporate FAST strategy into national guidance for TB IC	5.2.1	Conduct TemPO pilot project in 3 hopitals at 2 provinces (Jakarta and DIY)	Conduct TemPO pilot project in 3 hopitals at 2 provinces (North Sumatera and South Sulawesi).	TemPO pilot project in Respira and Panti Rapih hospitals, DI Yogyakarta on 10-11 December 2014, Haji Adam Malik hospital in Medan, North Sumatera on 26 February 2015 and Haji hospital in Makassar, South Sulawesi on 5 March 2015 and RS Pasar Rebo, Jakarta on 12 November 2015. Those meetings were attended by TB Sub-directorate MOH, PERDALIN, KNCV, and hospitals team from hospitals management, doctor, nurse, finance unit, administration unit, laboratorium unit, radiology unit, pharmacy, etc. The objective of the meeting are to introduce TemPO, develop Standard Operational Procedure (SOP) at hospital level, technical and administrative issues in the implementation. The participants received TB Infection Control including TemPO strategy lecture and	Met	
	Developing policy and SOP for screening of HCWs including	5.2.2	Conduct TB HCW screening in Saiful Anwar Hospital (East Java) and Jayapura 10 prisons	Conduct TB HCW screening in Soetomo Hospital	13 TB HCW from Saiful Anwar Hospital, 34 TB HCW from Soetomo Hospital and 15 TB HCW from Jayapura Hospital were screened, 0 (Zero) confirmed TB.	Met	
	TA to prisons/TB-HIV sites for monitoring TB IC implementation				(1) Support TB IC supervision to PMDT prison satelit in North Sumatera. (2) Provided N95 support to 8 PMDT prison satellites and surgical masks support to 41 prisons/DCs. (3) Provide TA for TB IC to 3 prisons in West Sumatera, 4 prisons in South Sulawesi. (4) Support Pengayoman Hospital for improving ventilation at MDR TB room.	Met	

Sub-objective: 7. Political commitment and

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
7.1. Endorsed, responsive, prioritized and costed strategic plan available	International TA - Health Finance	7.1.1	NA	David Collins visits on February 2015.	David Collins has visited Indonesia on 9-27 February 2015 and provided assistance with development of GF concept note	Met	
7.2. In-country political commitment strengthened	Supporting world TB day 2015	7.2.1	1. Support IEC material for MoLHR for World AIDS Day Celebration	1. Support IEC material and booth for NTP for World TB Day Celebration 2. Facilitate Blogger Workshop	1. Support IEC material and booth for NTP for World TB Day Celebration 2. Blogger workshop, followed by 65 participants, that 40 independence bloggers was included. The results as follow: 40 bloggres has been informed about MDR TB, TB blogger community was established, there was a hastag #sahabatJKN #lawanTB which twitted by more than 2000 tweets, 42 writing about TB posted on Blog and Facebook. Furthermore , 6 bloggers have participated in TB symposium which was attended by Minister of Health, by presenting a poem to emphasize public	Met	

Sub-objective: 8. Comprehensive partnerships and informed community involvement

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			

Challenge TB Quarterly Report - Status of activities

6patients with cul Indonesia (3 months workpl: Reporting period: October 2014 - March 2015
Lead partner: KNCV Other partners: WHO, FHI360, MSH, ATS

Sub-objective: 1. Enabling

Intervention areas	Planned Key Activities	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
8.2. Global Fund grant ratings improved	Development of National TB Strategic Plan (2015-2019) including support for the CN development.	8.2.1	a. Provide TA in developing National Strategic Plan 2015-2019. b. Provide TA in developing GF Concept note	a. Finalization of TB National Strategic Plan and targeted launched on World TB Day, 24 March 2014. b. Conduct CTB Workplan Development Workshop at National Level. C. Participated in TB National Money , February 2015, in Bandung. D. Workshop for CTB - Provincial Workplan Development.	1. National Strategic Plan has been launched in TB Day. The ceremonial conducted in Vice President Indonesia office, 24 March 2015. CTB has providing Technical Assistance on NSP development and also facilitating translation to Bahasa. 2. Development of Concept Note for GF, which collaborate with National AIDS Program. The document was submitted 20 April 2015 3. CTB Workplan Workshop in national level was conducted on January 2015 in Jakarta . It was attended by Marteen Van Cleef (CTB Director), Jonathan Ross (USAID Indonesia), William Wells & Kendra (USAID Washington), Sigit (Director of Communicable Disease) and other TB stakeholder (CSO, MoH, MoLHR, Professional Organization etc). The result of the meeting was a inputs for CTB Workplan on gaps, 5 year strategy to address the gaps and 1 year activity . Workshop for CTB -Provincial Workplan Development has been conducted on February 2015 in Bandung. The workshop attended by PHO staffs from 10 provinces and CTB provincial staffs. From this workshop, draft of 1 year activity plan was drafted. Challenge TB 5 year strategic plan was submitted to USAID ,and approved end of April. 4. CTB participated in National TB Money 2015 in Bandung. In this meeting, National Prevalence Survey result was officially published by dr Sigit (Director of Communicable Disease) MoH.	Partially	Development of Concept Note for GF still on progress in March. (Submitted GF Concept note 20th April 2015)

Sub-objective: 10. Quality data, surveillance and M&E

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones		Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
10.1. Well functioning case or patient-based electronic recording and reporting system is in place	Support Implementation and Maintenance eTB Manager in all PMDT sites	10.1.1	OJT Logistic TB MDR and Training E-TB Manager at new sites of PMDT.	OJT Logistic TB MDR and Training E-TB Manager at new sites of PMDT.	-On the job training Logistic TB MDR and e-TB Manager,18-20 Nov 2014, North Maluku.- Participants: North Maluku Provincial Health Office, Ternate health Office, Boesorie Hospital and Health Unit Center.First day of training is for Logistic TB MDR. Purposed of this activity to give knowledge on managing logistic TB MDR: recording and reporting system, warehousing, drug dispenstion to patient, drug order mechanism. Method of this activity using andragogy learning with presentation, exercises and discussion. Material for learning activity is using Modul 6 'Managing Logistic TB MDR'. e-TB Manager training was conducted on 19-20 November at Boesorie Hospital and Boulevard Hotel, budget for this activity was support by Global Fund. Clinical expert team, Policlinic of MDR staff, Lab staff and Pharmacists has been trained. -ETB Training at East Kalimantan, Samarinda City. - Participants: AW Syaranie and Kalijoso Hospitals, Kaltim Provincial Health Office, Samarinda and Balikpapan Health Office.ETB Training at Gunawan Hospital, Cisarua Bogor. 30-31 March 2015.Participants: Lab, Pharmacist and Poli MDR staff Gunawan Hospital, Balikpapan Health Office, Samarinda Health Office.	Met	
	Improving Logistic Information Sytem	10.1.2	Develop of enhance eTB Manager software on MDR TB Pharmacovigilanc	N/A	Form data input for Pharmacovigilance has been available on e-TB Manager software. This function capturing history of medical record, drug regimen of MDR, side effect, etc. In general this function still need to be improved especally on data procesing and evaluation.	Partially	The accditional function in E TB Manager for Pharmacovigilance data processing is needed to be improved, and evaluation on this new function is required.

Challenge TB Quarterly Report - Status of activities

6patients with cul Indonesia (3 months workpl: Reporting period: October 2014 - March 2015
Lead partner: KNCV Other partners: WHO, FHI360, MSH, ATS

Sub-objective: 1. Enabling

Intervention areas	Planned Key Activities	Activity number	Planned Milestones		Milestone status	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015			
	Logistic Capacity Building	10.1.3	1. Conduct 2 times meeting/workshop at central level to prepare pilot introduction of new TB drugs (Bedaquiline, Remox), including management model.	1. Conduct 2 times meeting/workshop at central level to prepare pilot introduction of new TB drugs (Bedaquiline, Remox), including management model.	<p>1. Coordination meeting on Bedaquiline Implementation, 10 October 2014. Participants : NTP,BPOM, Binfar, USP, WHO, KNCV. NTP was decide to implement Bedaquiline treatment as recommended by WHO, three hospitals will be piloted this treatments initiation. Drug order will be conducted as soon as possible after Global Fund approve the budget. Active pharmacovigilance is one of requirement for the country will use Bedaquiline drug , due to limitation of data safety for and side effect of this drug.</p> <p>Agreement from the meeting :</p> <p>1. Drug procurement will be conducted by direct procurement to GDF.</p> <p>2. Drug distribution approval, using SAS system from Binfar and process for registration by manufacture will be parallel to BPOM.</p> <p>3. NTP will support the registration process if Jensen provide official letter and mention the drug will only use for program need and drug will not use for private market.</p> <p>4. BPOM are agree to review Bedaquiline form in regard for active pharmacovigilance.</p> <p>5. BPOM agree to use e-TB Manager as a tools for PV recording and reporting system, sharing information between two software will be discussed latter.</p> <p>2. Meeting on preparing introduction of new TB drugs based on WHO Policy and Inter-regional workshop on PV for new drugs and novel regimens for treatment of drug-resistance TB, 10-14 Nov 2014, Vietnam. - Participants : WHO Geneva, KNCV, IUTLD, NTP Vietnam, Philippines, Indonesia,Consultants, MSH, USAID. First days of the workshop, countries (Indonesia, Philippines and Vietnam) presented the progress made with the development of the national implementation plans for introduction of bedaquiline, and the progress with actual preparations for introduction.</p> <p>Second day of the meeting, countries presented the progress in preparation for CEM for patients treated with bedaquiline. This was followed by group work supervised by the consultants, with discussions on country-specific experiences, challenges and division of roles and responsibilities in preparations for CEM.</p> <p>The last three days were dedicated to good active PV practices in MDR-TB treatment programs in general. Several countries presented their experiences and results of active PV related to TB</p> <p>CEM PV Guideline Meeting, 9-10 March, BBLK Jakarta.- Participants: Subdirector TB, WHO, BPOM, UI and UGM University, PMDT Hospitals. KNCV as lead of Challenge TB has been develop CEM PV guideline for bedaquiline in Indonesia, this draft should be disseminate to all stakeholders to have input and correction, especially from BPOM as a lead of PV implementation in Indonesia.</p> <p>Output of the Meeting :</p>	Met	
	TA for SITT phase 2 implementation at national and provincial; including other new information system and technology to be adopted by NTP	10.1.4	TA SITT-2 to NTP and 7 provinces	TA SITT-2 to NTP and 2 provinces	<p>- Provide TA for SITT-2 to 13 cities/districts in 6 provinces : Padang City, Bukit Tinggi City, Sorong District, Sorong City, Bantul District, Kulon Progo District, Manokwari District, Fak-Fak District, Mimika District, Boven Digul District, Keerom District, East Jakarta, Central Jakarta, South Jakarta ,West Jakarta, Pasuruan City and Mojokerto District. OJT SITT-2 offline to 4 hospitals and 2 PHCs in Papua and West Papua. Provide TA for SITT-2 online and offline to NTP. Provide long distance (by phone) consultation to 16 provinces for SITT-2</p> <p>- SITT-2 dissemination (new algorithm for childhood TB) to all 34 provinces during National TB Monev Meeting. TA to 5 districts/cities in DI Yogyakarta, 6 districts/cities in Bangka Belitung, 6 districts/cities in West Java. Provide TA for SITT-2 online and offline to NTP. Facilitate integration preparation meeting between SIHA and SDP DGC. Provide long distance (by phone) consultation to 7 provinces for SITT-2.E87</p> <p>-All provinces and districts had been trained completely. 100% provinces and 89% of districts in Indonesia have been implemented SITT phase II by end of Feb 2015. (95% of TB CARE districts).</p>	Met	
	Ensure data quality of TB/HIV at national, provincial, and districts, including prisons	10.1.5	1. TA to 10 provinces	TA to 10 provinces	Q1 & Q2 - Provide TA to NTP, NAP, 10 provinces including to prisons/DCs for TB-HIV data quality, attached in every TA and provincial TB, TB-HIV Monev meeting.	Partially	TA already provided, unfortunately TB-HIV data still under report. Meanwhile, 41 prisons/DCs regularly reported to MoLHR and MoH

Sub-objective: 12. Technical

Planned Key		Planned Milestones	Milestone status	met?	Remarks (reason for not
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Challenge TB Quarterly Report - Status of activities

6patients with cul Indonesia (3 months workpl: Reporting period: October 2014 - March 2015
Lead partner: KNCV Other partners: WHO, FHI360, MSH, ATS

Sub-objective: 1. Enabling							
Intervention areas	Planned Key Activities	Activity number	Planned Milestones		Milestone status		Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Oct 2014 - Mar 2015	met? (Met, partially,	
Intervention areas	Activities for the Current Year	Activity number	Oct-Dec 2014	Jan-Mar 2015	Oct 2014 - Mar 2015	(Met, partially,	meeting milestone or other key information)
12.1. Technical supervision	Technical supervision	12.1.1					

Challenge TB Quarterly Report - Global Fund Engagement

Country: Indonesia (3 months workplan) Reporting period: October 2014 - March 2015

Current Global Fund TB Grants				
Name (i.e. NFM 1)	Average rating*	Current rating	Total approved amount	Total dispersed to date
IND-T-MOH	B1	B1	\$100.1 m	\$64.6 m

*Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The Global Fund is currently supporting TB control in Indonesia through the SSF Phase 2 Grant which will close on 31 December 2015. Absorption is low at around 35%.

For 2015 PR TB MoH is requesting several reprogramming activities aiming to pave the way for smooth implementation of the essential and comprehensive service delivery packages proposed in this CN. Inputs and activities proposed for reprogramming include laboratory equipment for piloting intensified screening at district level including molecular diagnostics, expanding capacity for drug-quality assurance, preparation for the planned DRS (drug resistance survey) and the inventory study. The reprogramming for strengthening laboratory performance focuses on the five priorities as follows:

1. Increase capacity of quality assured culture and DST labs and improve access to culture facilities close to the patients.
2. Expansion of specimen transportation project aiming to develop a rapid, reliable and robust specimen referral system to improve Turn Around Time for Results
3. External Quality Assessment for microscopy EQA Panel testing from national reference lab (BLK Bandung) to provincial level labs (BBLKs and BLKs)
4. Test the feasibility of LED microscope implementation at different levels of microscopy service
5. Increased case detection of Drug Resistant TB and easy access to molecular diagnostics

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

During this period, CTB provided technical assistance and support to the NTP and NAP to develop the TB/HIV joint Concept Note for the GF New Funding Model. UGM was contracted to lead the writing team for TB and TB/HIV modules in collaboration with external consultants Kathy Fiekert, David Collins, Paul Nunn and Holger Sawert. The Concept Note was submitted 20 April.

Challenge TB Quarterly Report - MDR-TB Update

Country	Indonesia (3 months workplan)	Reporting period	October 2014 - March 2015
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	216	140	Source: E-TB Manager
Total 2011	464	255	
Total 2012	739	432	
Total 2013	1,377	820	
Total 2014	1,749	1,288	
Jan-Mar 2015	417	346	
Apr-Jun 2015	NA	NA	
Jul-Sep 2015	NA	NA	
Oct-Dec 2015	NA	NA	
Total 2015			

Country	Indonesia (3 months workplan)	Reporting period	October 2014 - March 2015
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Country	Indonesia (3 months workplan)	Reporting period	October 2014 - March 2015
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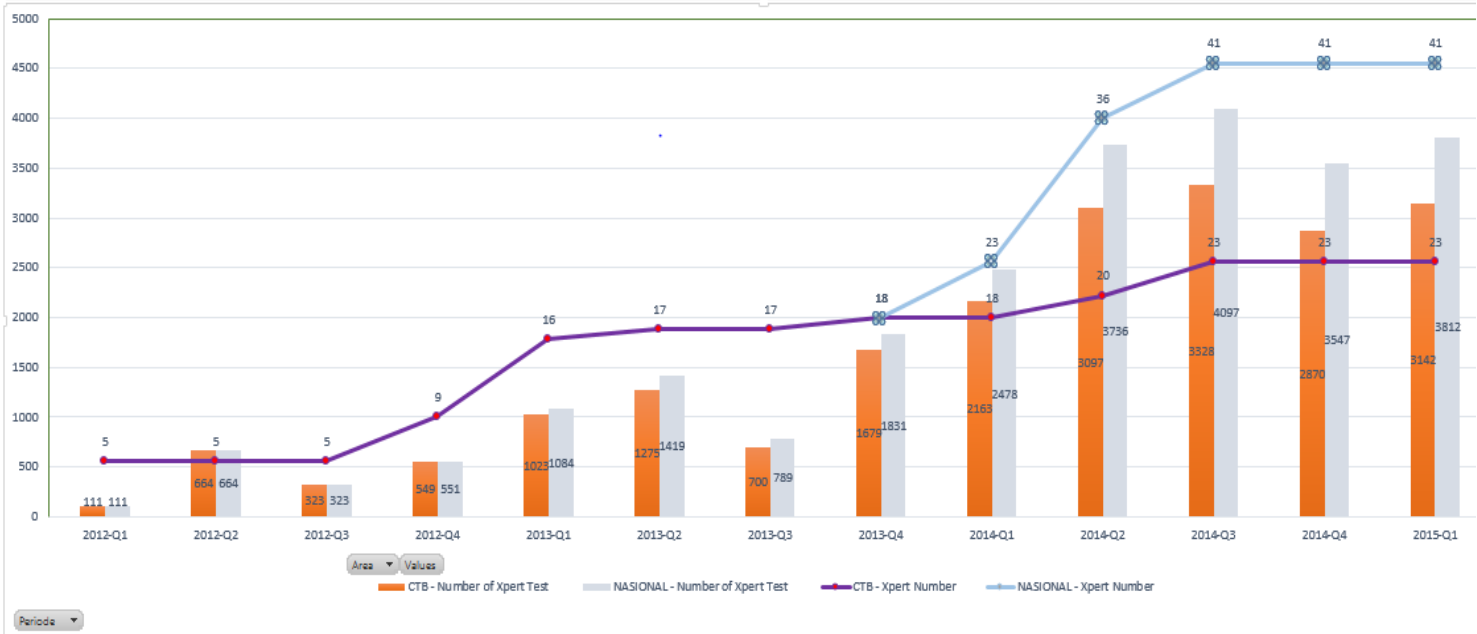
October 2014 - March 2015

Total number of visits conducted (cumulative for fiscal year)	11
Total number of visits planned in workplan	11
Percent of planned international consultant visits conducted	100%

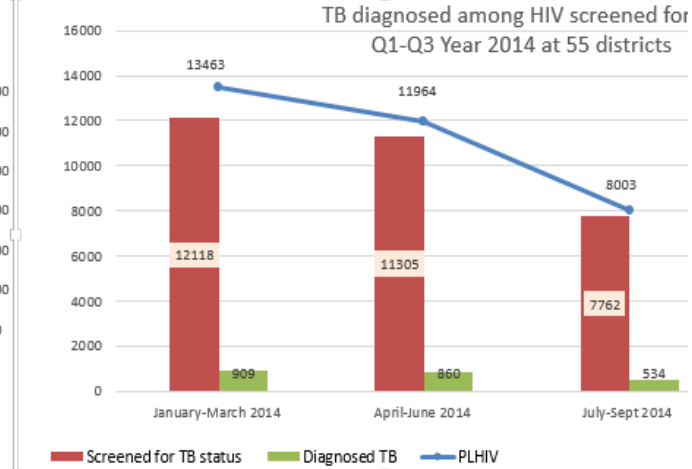
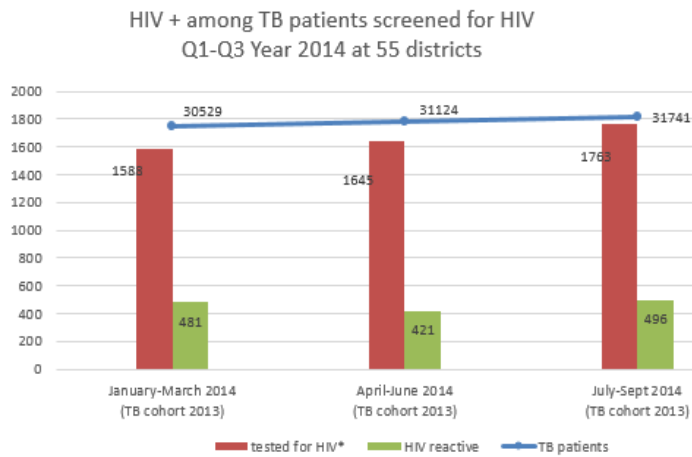
Quarterly Photos (as well as tables, charts and other relevant materials)

Caption	Photos/Charts	Notes																								
PMDT Graph: Enrollment rate trends from 2009 to 2014	<table><caption>MDR-TB Enrollment Rate 2009-2014</caption><tr><th>Year</th><th>Enrollment</th></tr><tr><td>2009</td><td>52%</td></tr><tr><td>2010</td><td>71%</td></tr><tr><td>2011</td><td>65%</td></tr><tr><td>2012</td><td>65%</td></tr><tr><td>2013</td><td>64%</td></tr><tr><td>2014</td><td>69%</td></tr></table>	Year	Enrollment	2009	52%	2010	71%	2011	65%	2012	65%	2013	64%	2014	69%	RR/MDR TB data, 2009-2014 Source: ETM										
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PMDT Graph: MDR TB data trends quarterly, Jan-March 2014 to January -March 2015.	<table><tr><th>Quarter</th><th>Presumptive</th><th>Confirmed</th><th>put on tx</th></tr><tr><td>TW 1 2014</td><td>1,606</td><td>320</td><td>232</td></tr><tr><td>TW 2 2014</td><td>2,299</td><td>444</td><td>315</td></tr><tr><td>TW 3 2014</td><td>2,708</td><td>470</td><td>301</td></tr><tr><td>TW 4 2014</td><td>2,897</td><td>515</td><td>353</td></tr><tr><td>TW 1 2015</td><td>3,031</td><td>429</td><td>249</td></tr></table>	Quarter	Presumptive	Confirmed	put on tx	TW 1 2014	1,606	320	232	TW 2 2014	2,299	444	315	TW 3 2014	2,708	470	301	TW 4 2014	2,897	515	353	TW 1 2015	3,031	429	249	
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Trend of Xpert Utilization ,
October 2013- Dec 2014



1. Trend of HIV screened
among TB patients in 55
districts,q1-q3 2014
2. Trend of TB diagnosed
among HIV patients in 55
districts, q1-q3 2014



TEMPO simulation during field visit at RSUD Pasar Rebo, January 2015 (source: Endah)



During CTB workplan development, USAID Washington conducted field visits to gather direct information from the field. One of the activities was observing TEMPO implementation in the Hospital (RSUD Pasar Rebo)

Community Focus Group Discussion as part of information mining activity for CTB workplan development, Jakarta, January 2015 (Source: Endah)



Marteen Van Cleff (Program Director CTB), Christina Widyaningrum (NTP Manager) and Jonathan Ross (Director of USAID's Health Office Indonesia), as key speaker in CTB Workplan Development Workshop, in Jakarta, January 2015. (Source: Endah)



WTB Day activity: A blogger workshop for extensive TB promotion in the blogger community. (source: Varel)



WTB Day activity: National TB Symposium, attended by around 1200 participant, Jakarta. (source: Endah)



Health (Prof. dr and Dirjen Subuh)

WTB Day activity: Minister of Health Indonesia and Director General CDC, taken picture in CTB -KNCV photo booth, during National TB Symposium, Jakarta (source: Endah)



Minister of Health (Prof. dr Nila Moeloek) (middle position) and Dirjen CDC (Dr. HM. Subuh) -(wearing glasses

WTB Day Activity in KNCV booth. Left to right: -Promote CTB social media - The enthusiasm of participants in CTB-KNCV booth - Questionnaire for health resource



Training for preparation of media LJ for culture on 17-20 March 2015 at NRL BBLK Surabaya (Source : Roni Chandra)



GeneXpert on site training
at RS M Jamil Padang on
12-14 March 2015.
(Source: Roni Chandra)



TB Integrated Information
System/ SITT 2 training for
health facilities data-staff,
West Sumatera. (Source:
FHI)



MoU between Private
practitioners and Public
Health Center (Puskesmas)
for DOTS services in Bukit
Tinggi PPM Monev
meeting, in West Sumatera
on March 18, 2015.
(Source:Asdi)



The MoU signature was
attended by the Head of the
Bukit Tinggi DHO, IMA
(Indonesia Medical
Association) Kota
Bukittinggi, and West
Sumatera PHO team
The MoU was signed by Dr.
Deddy Herman Sp.P, (K),
FCCP, MCH, FAPSR from
IMA, and Head of the Bukit
Tinggi DHO



KEPUTUSAN MENTERI HUKUM DAN HAK ASASI MANUSIA
NOMOR AHU-08977.50.10.2014

TENTANG
PENGESEHAN PENDIRIAN BADAN HUKUM
YAYASAN PEJUANG TANGGUH
MENTERI HUKUM DAN HAK ASASI MANUSIA REPUBLIK INDONESIA

Menimbang : a. Bahwa berdasarkan Permohonan Notaris LOISA HUTAURIK, SH., M.KN sesuai Akta Nomor 01 Tanggal 03 November 2014 tentang Pengesahan Badan Hukum Yayasan PEJUANG TANGGUH disingkat PETA tanggal 12 November 2014 dengan Nomor Pendaftaran 5014111231100553 telah sesuai dengan persyaratan Pengesahan Badan Hukum Yayasan;
b. Bahwa berdasarkan pertimbangan sebagaimana dimaksud dalam huruf a, perlu menetapkan keputusan Menteri Hukum dan Hak Asasi Manusia tentang Pengesahan Badan Hukum Yayasan PEJUANG TANGGUH disingkat PETA;

MEMUTUSKAN :

Menetapkan KESATU : Memberikan pengesahan badan hukum: YAYASAN PEJUANG TANGGUH disingkat PETA berkedudukan di KOTA ADMINISTRASI JAKARTA PUSAT sesuai Akta Nomor 01 Tanggal 03 November 2014 yang dibuat oleh Notaris LOISA HUTAURIK, SH., M.KN berkedudukan di KABUPATEN KARAWANG;
KEDUA : Keputusan ini berlaku sejak tanggal ditetapkan.

Ditetapkan di Jakarta, Tanggal 12 November 2014.

a.n MENTERI HUKUM DAN HAK ASASI MANUSIA
REPUBLIK INDONESIA
DIREKTUR JENDERAL ADMINISTRASI HUKUM UMUM,



Prof. HARKRISTUTI HARKRISNOWO, S.H., M.A., Ph.D.
NIP. 19560125 198103 2001

DICETAK PADA TANGGAL 12 November 2014
DAFTAR YAYASAN NOMOR AHU-0008997.50.80.2014 TANGGAL 12 November 2014

PETA (Strong Survivor)
Organization, has officially
registered by Ministry of
Law and Human Rights as
an incorporated foundation.